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INDICATION FORM**

Application Number	10/721,764 - Conf. # 4189
Filing Date	November 25, 2003
First Named Inventor	Stephane Bedard
Title	Actuated Prosthesis for Amputees
Art Unit	3738
Examiner Name	David H. Willse
Attorney Docket Number	655722 - 136601

I hereby revoke all previous powers of attorney given in the above-identified application.

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27148

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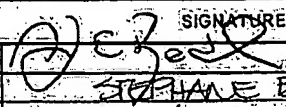
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I am the:

☐ Applicant/Inventor

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature		Date	July 23, 2008
Name	STEPHANE BEDARD	Telephone	(418) 842-5625
Title and Company	FOUNDER & COO - BIOTRONIX		

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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